Statura

Assessment performed
Apr 18, 2026 · 11:34

CERVICAL ASSESSMENT RECORD

John Smith

PATIENT IDENTIFIER

SAMPLE · 0001

CLINICIAN

Hugo Park · Chiropractor · AHPRA CHI0002895435

PRACTICE

Statura · 309 George Street, Sydney

OVERVIEW

Spine health profile

Four domains, measured separately. Each is scored on its own and compared to people your age. Read them together. There is no single grade.

MOBILITY · ROM

● MIXED

76/100

range of motion

How far the neck moves. Most directions sit in range. Left lateral flexion is the clear outlier.

POSITION SENSE · JPE

● STRONG

84/100

joint position error

How accurately the head returns to neutral with eyes closed. Strong. Rotation is the cleanest.

SENSORIMOTOR CONTROL

● WATCH

64/100

target tracking

How well movement tracks a moving target. Fine when slow. Drifts as speed increases.

SYMPTOM LOAD

● LOW

16/72

self-reported

Self-reported total. Low overall. Cognitive items carry nearly all of the weight.

> Colour shows where a result sits against age-matched norms — **within range**, **monitor**, or **below range**. It is a starting point for re-testing, not a verdict.

SELF-REPORT

Symptoms

What's present, and how much it interferes. Rated 0 to 6. Zero is absent. Six is hard to function. This tracks change over time — not cause.

DURATION OF CURRENT SYMPTOMS

Acute or subacute	NO
Chronic	NO

HISTORY RELATED TO CURRENT SYMPTOMS

Head impact / concussion	NO
Idiopathic neck pain	YES
Traumatic neck pain	NO
Degenerative neck pain	NO

PHYSICAL

Balance problems	0
Dizziness	0
Headache	0
Jaw pain or dysfunction	1

Neck pain	1
Visual disturbances	0

EMOTIONAL

Anxiety	0
Depression	0

COGNITIVE

Difficulty concentrating	5
Difficulty remembering	5
Feeling in a fog	3

SLEEP

Sleep disturbance	1

TOTAL SYMPTOM LOAD **16** / 72

OBJECTIVE · VALD HUMANTRAK

Range of motion

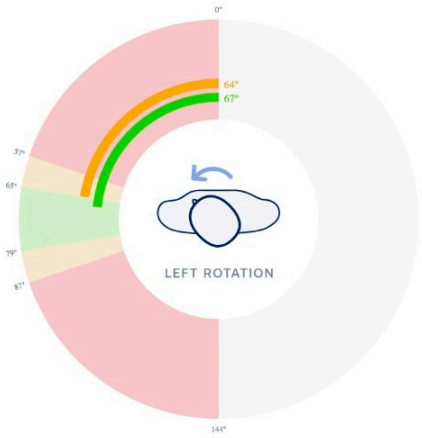
76
SCORE

Maximum movement of the cervical spine, in degrees, across six directions. The outer ring is the age-matched norm; the inner arc is what was achieved.

Left Rotation

AVG. MAX RANGE:
66°

Apr 18, 2026
11:34 AM



Extension

AVG. MAX RANGE:
70°

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Right Rotation

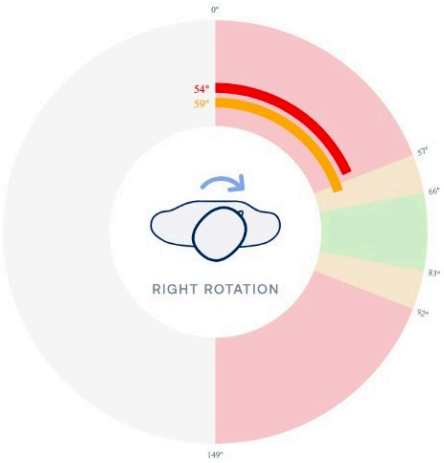
AVG. MAX RANGE:
57°

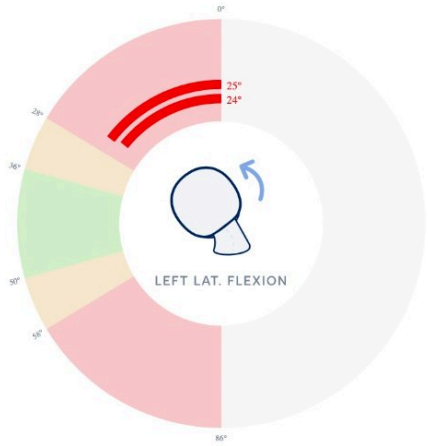
Apr 18, 2026
11:34 AM

Left Lateral Flexion

AVG. MAX RANGE:
25°

Apr 18, 2026
11:34 AM





Flexion

AVG. MAX RANGE:
49°

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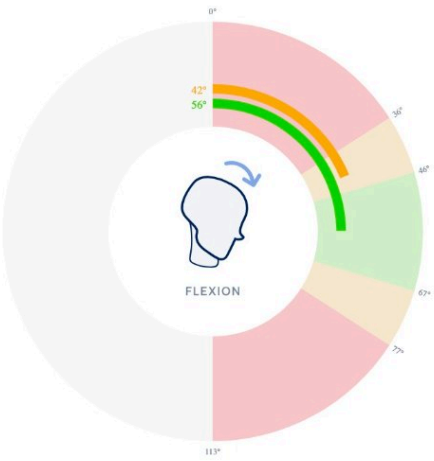
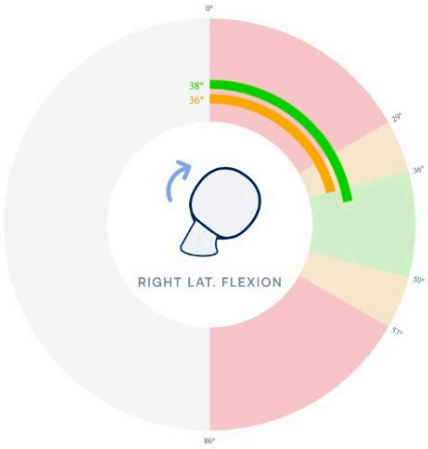
11:34 AM



Right Lateral Flexion

AVG. MAX RANGE:
37°

Apr 18, 2026
11:34 AM



NUMERICAL RESULTS

Range of motion — values

Average maximum range per direction, in degrees.

Left rotation AVERAGE

MAX RANGE
66°

Extension AVERAGE

MAX RANGE
70°

Right rotation AVERAGE

MAX RANGE
57°

Left lat. flexion AVERAGE

MAX RANGE
25°

Flexion AVERAGE

MAX RANGE
49°

Right lat. flexion

AVERAGE

MAX RANGE

37°

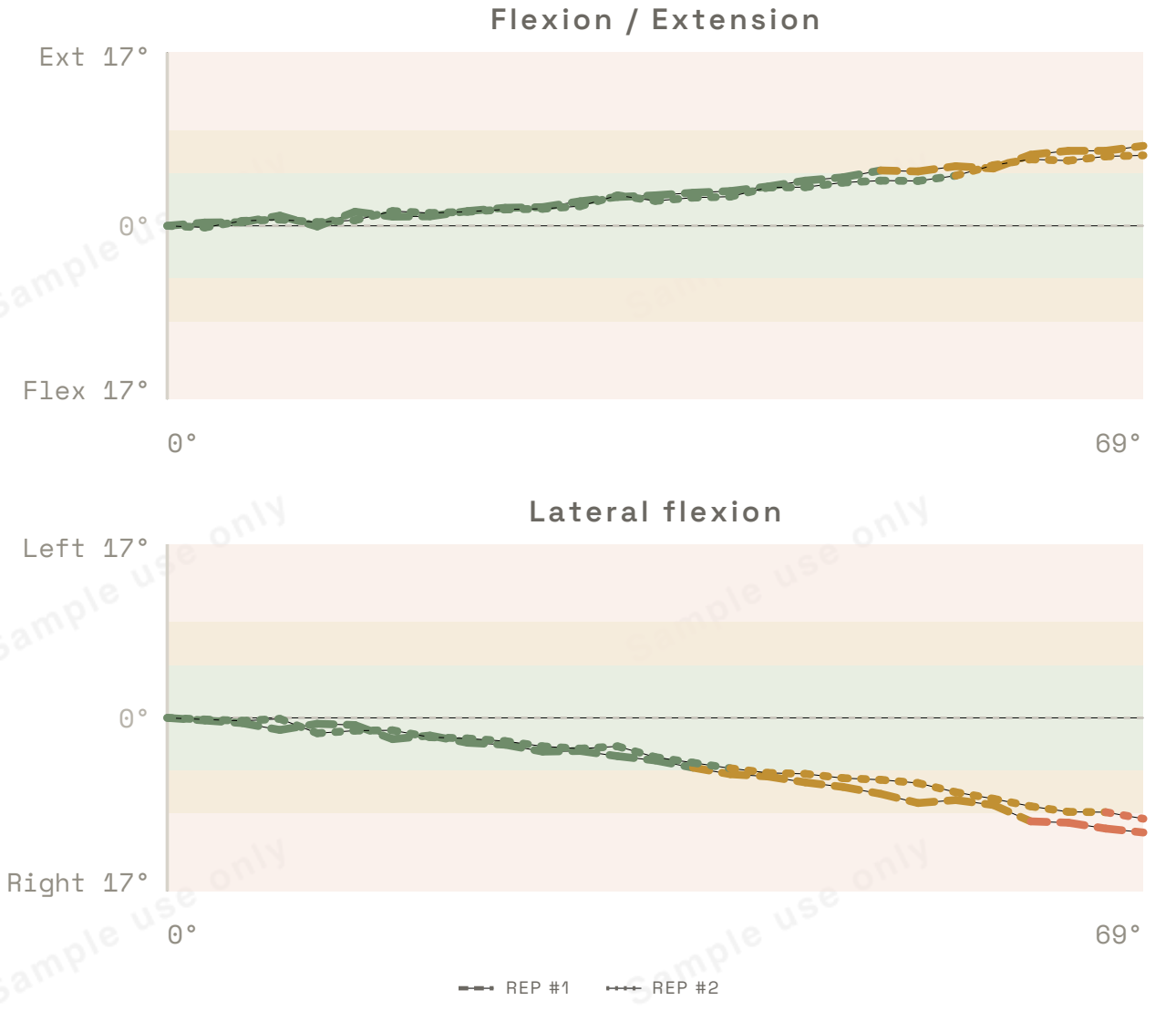
OBJECTIVE · MOVEMENT QUALITY

Accessory movement

A clean movement happens in one plane. These plots show what the neck did in the other two planes while performing each primary direction. Lines that hold the centre band are clean. Lines drifting to the edges are compensation. Two repetitions shown.

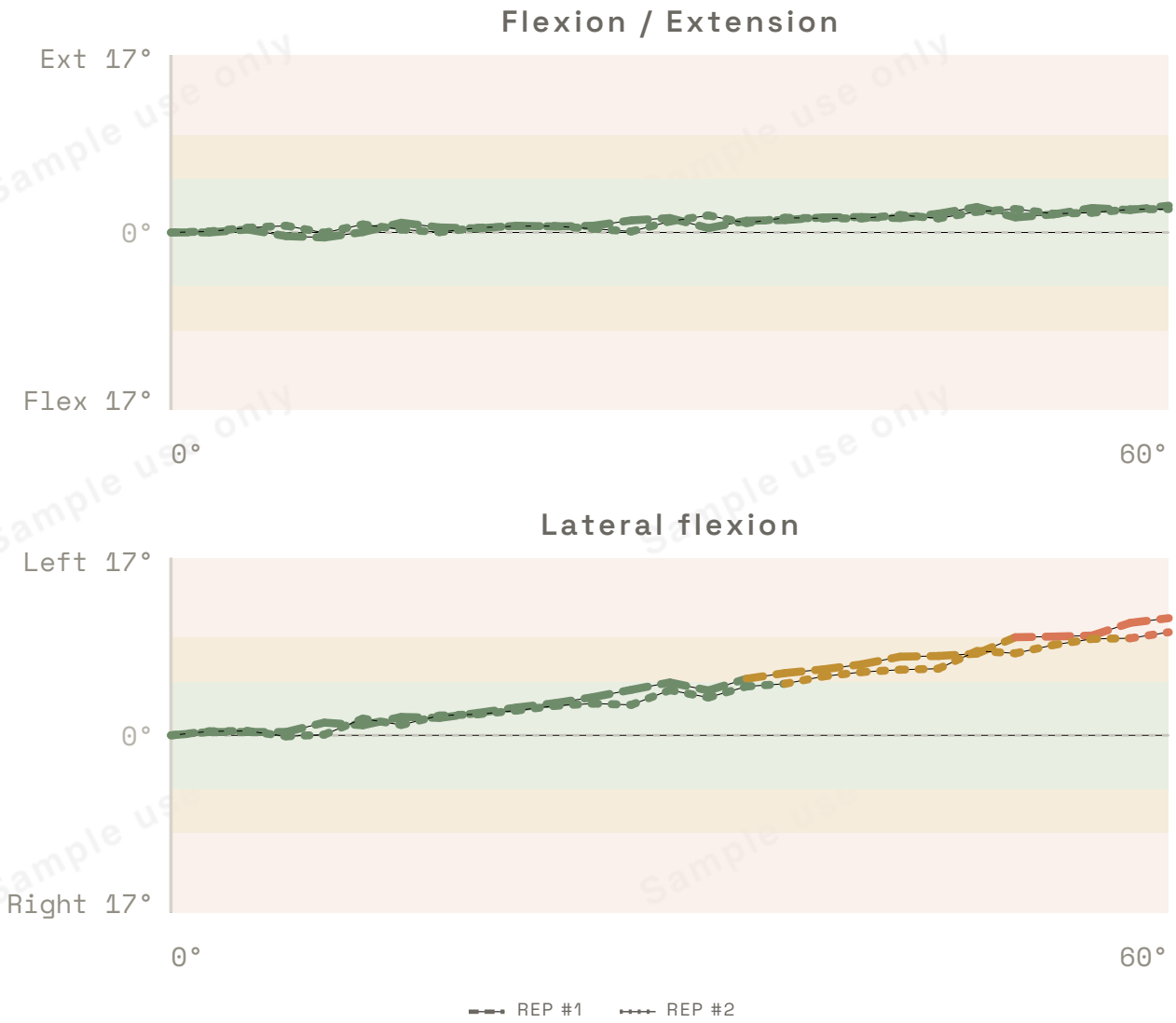
Left rotation

AVG. MAX RANGE **66°**



Right rotation

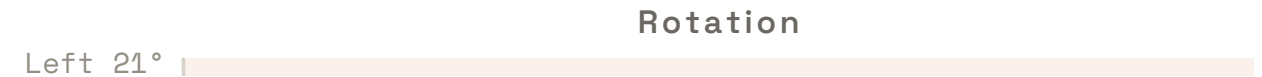
AVG. MAX RANGE **57°**

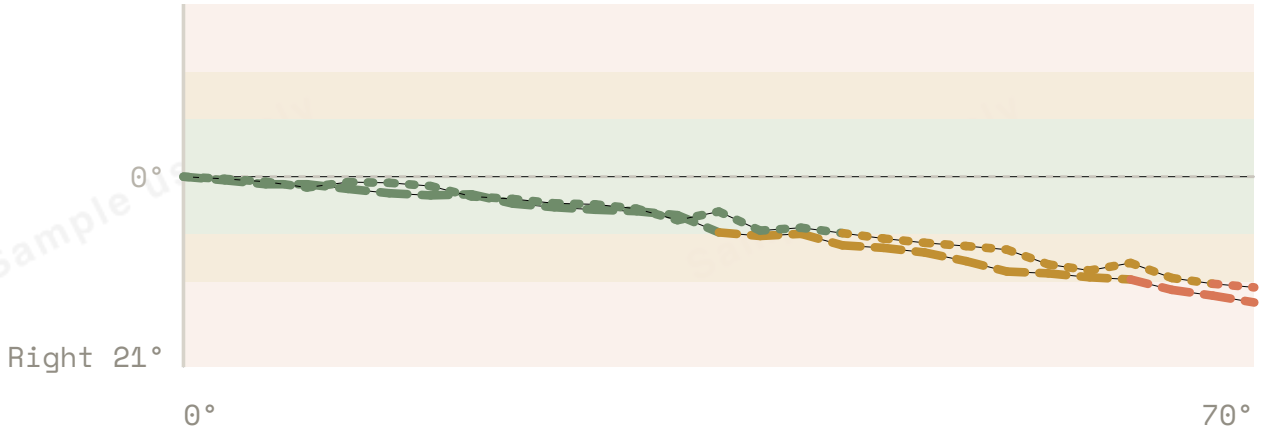


REP #1 REP #2

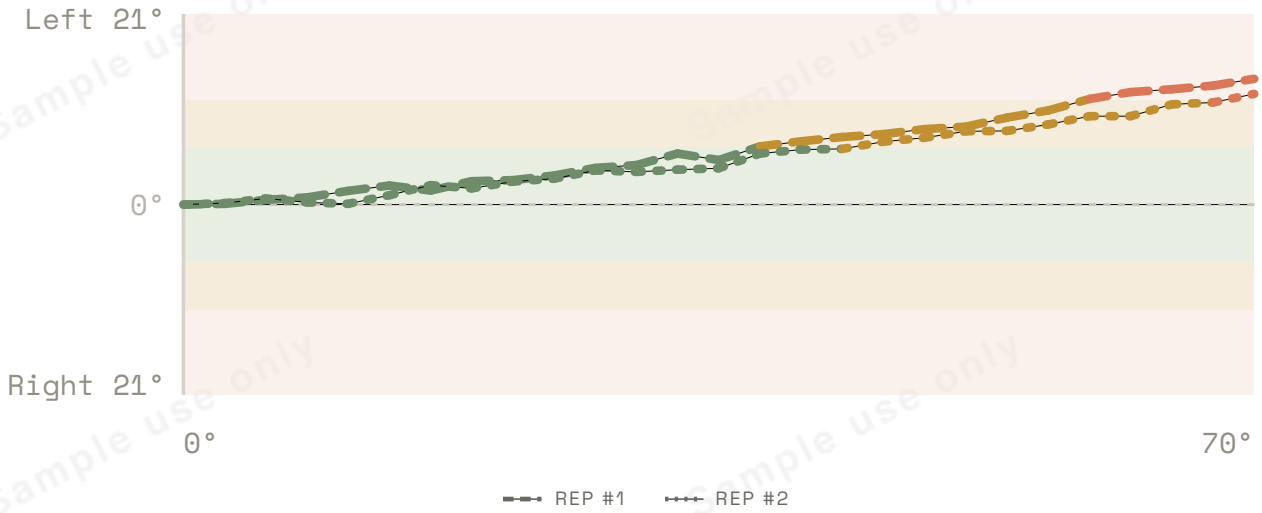
Extension

AVG. MAX RANGE **70°**





Lateral flexion

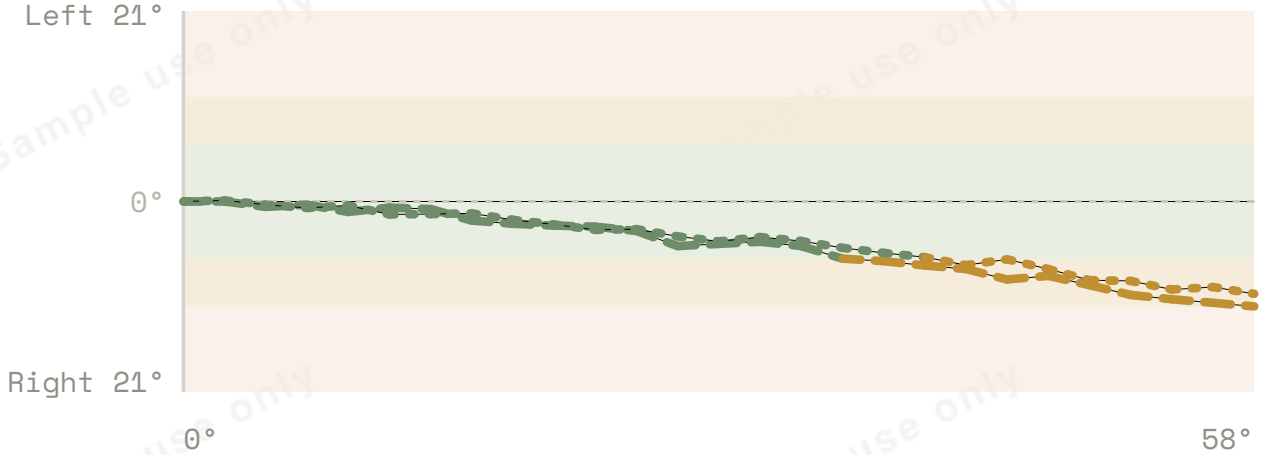


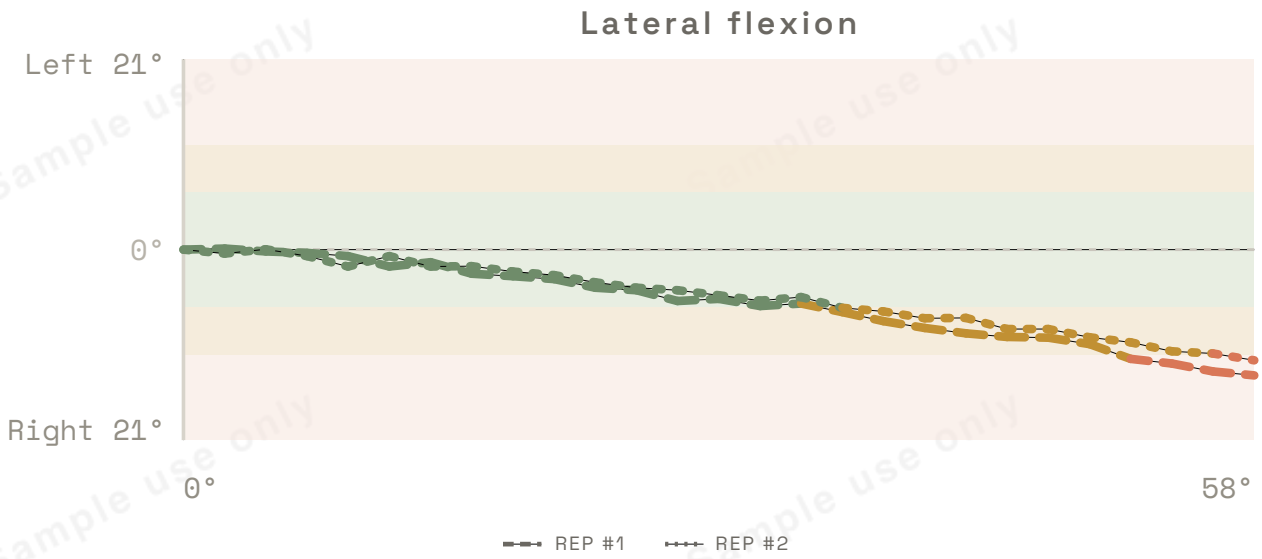
REP #1 REP #2

Flexion

AVG. MAX RANGE **49°**

Rotation




Lateral flexion
Left 21°
0°
Right 21°
0°
58°
REP #1
REP #2

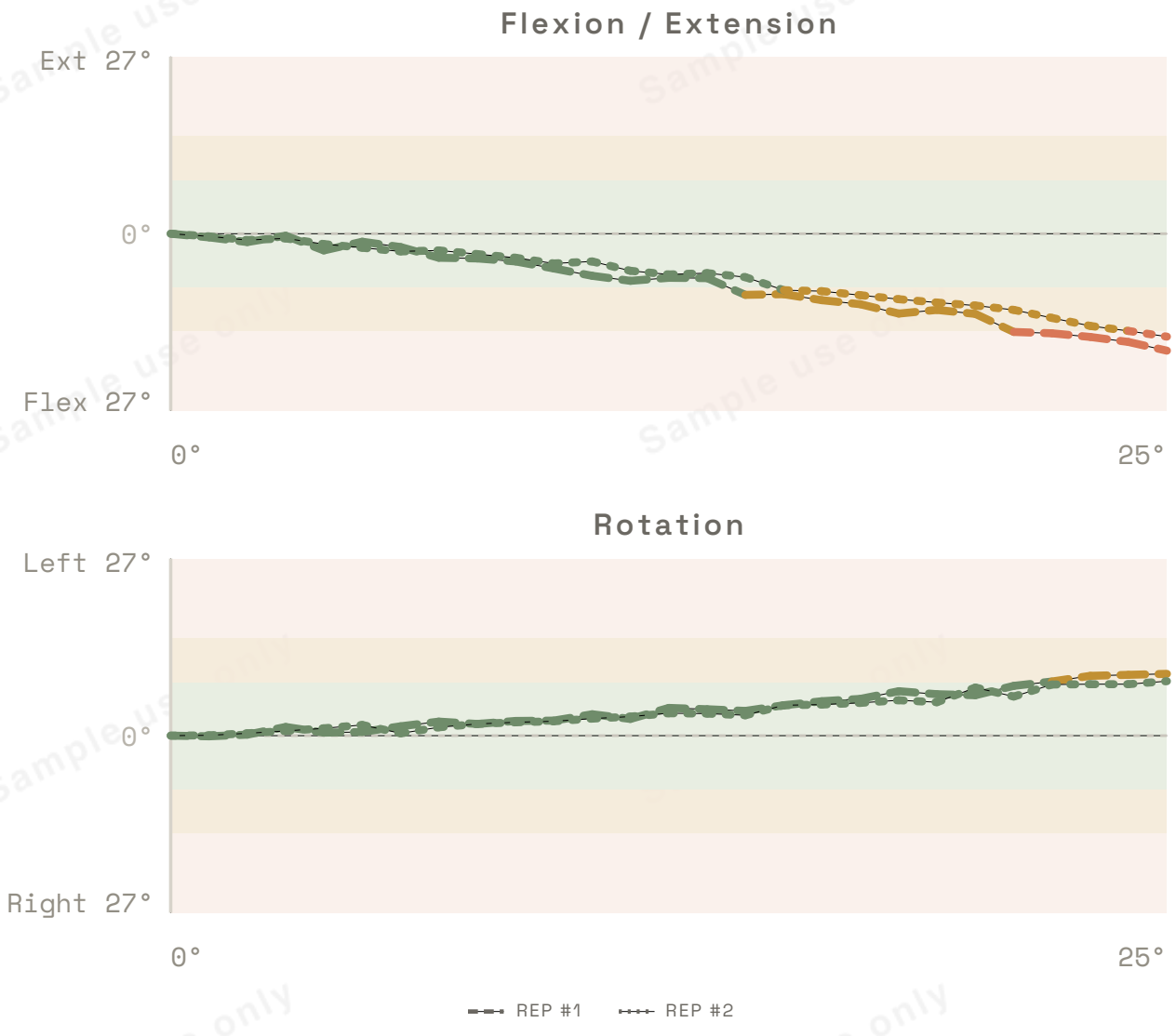
OBJECTIVE · MOVEMENT QUALITY

Accessory movement — lateral flexion

Coupled motion during left and right lateral flexion.

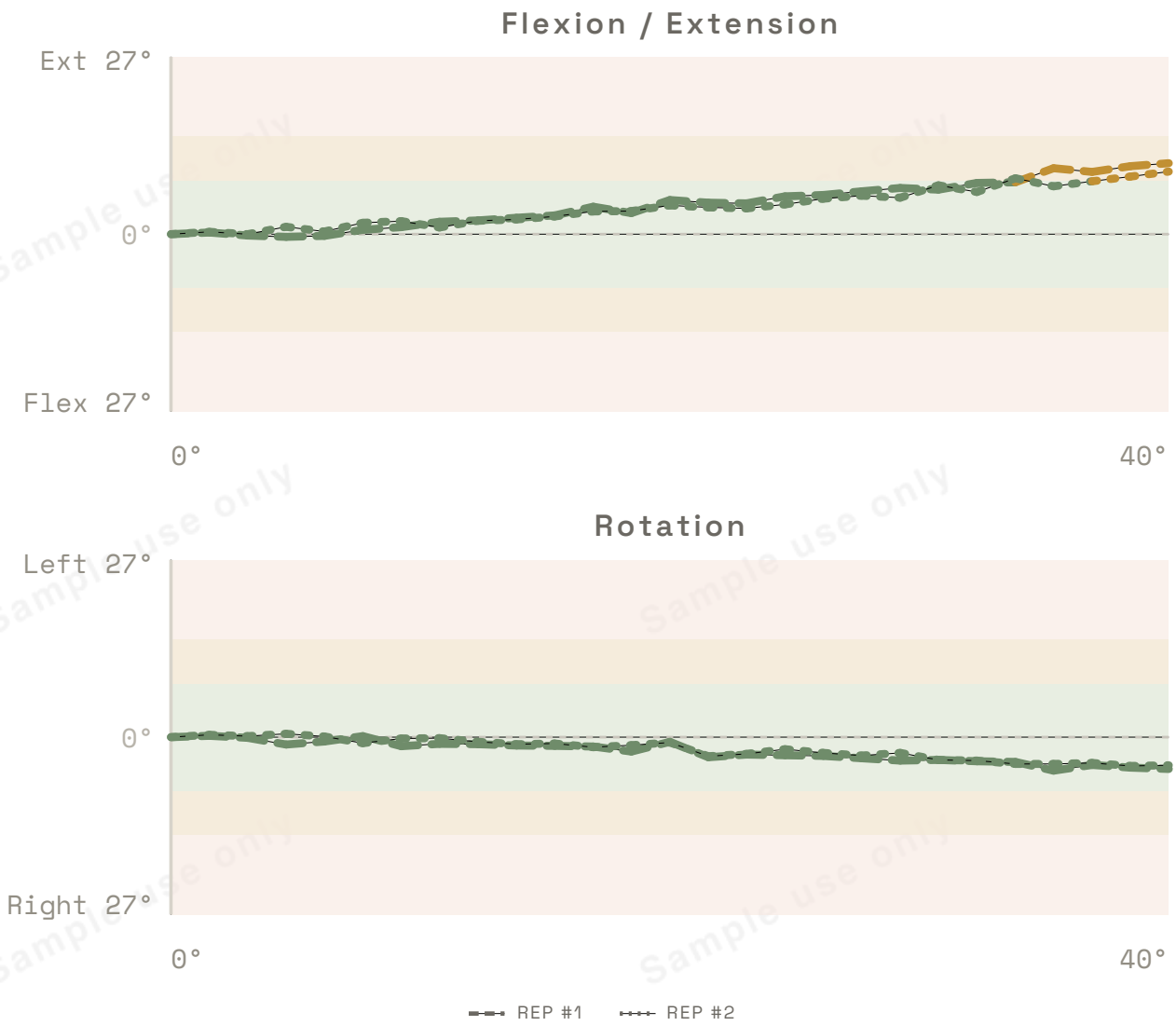
Left lat. flexion

AVG. MAX RANGE **25°**



Right lat. flexion

AVG. MAX RANGE **37°**



Compensation isn't failure — it's information. It shows where the system borrows from neighbouring planes, and gives the re-test something specific to move.

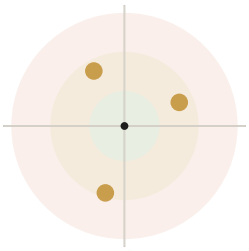
OBJECTIVE · PROPRIOCEPTION

Joint position error

84
SCORE

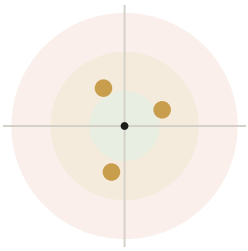
Eyes closed, the patient moves, then returns to neutral. The gap between where they land and true neutral is the error, in degrees. Lower is better.

Extension



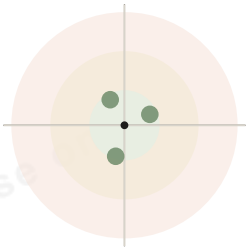
THREE-PLANE ERROR
6.7°

Flexion



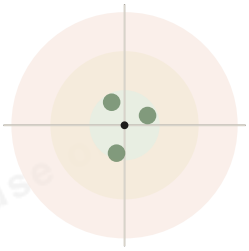
THREE-PLANE ERROR
4.6°

Left rotation



THREE-PLANE ERROR
3.1°

Right rotation



THREE-PLANE ERROR
2.8°

Each target shows the spread of return attempts around true neutral (centre). Tighter clusters mean better position sense. The value is the three-plane error.

NUMERICAL RESULTS

Joint position error — values

Three-plane error and its breakdown by plane, in degrees.

Extension

AVERAGE

THREE-PLANE ERROR

6.7°

FLEX / EXT	L / R ROT.	L / R LAT. FLEX.
5.1°	2.6°	2.0°

Flexion

AVERAGE

THREE-PLANE ERROR

4.6°

FLEX / EXT	L / R ROT.	L / R LAT. FLEX.
3.7°	1.9°	0.9°

Left rotation

AVERAGE

THREE-PLANE ERROR

3.1°

FLEX / EXT	L / R ROT.	L / R LAT. FLEX.
1.9°	2.3°	0.5°

Right rotation

AVERAGE

THREE-PLANE ERROR

2.8°

FLEX / EXT	L / R ROT.	L / R LAT. FLEX.
1.0°	**1.5°**	**1.7°**

OBJECTIVE · TARGET TRACKING

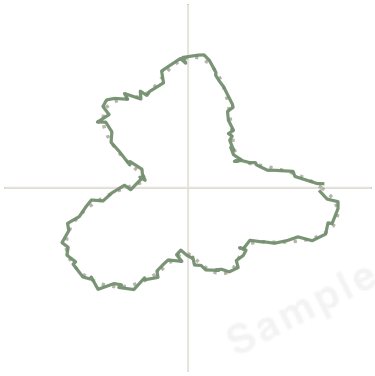
Sensorimotor control

64
SCORE

The patient follows a moving target (dotted) using head movement alone. The solid line is the path they traced. Deviation is the average drift from the target, in degrees, across three speeds.

Easy

IN RANGE



AVG. DEVIATION

0.7°

On target **79%**

Behind **14%**

Ahead **6%**

Medium

MONITOR

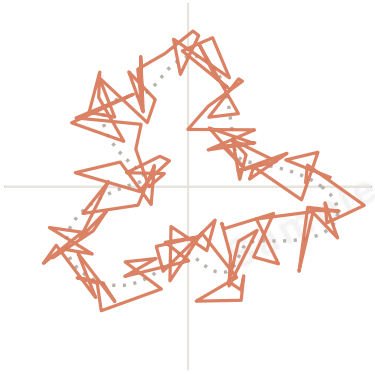
AVG. DEVIATION

1.5°

On target **45%** | Behind **31%** | Ahead **24%**

Hard

BELOW RANGE



AVG. DEVIATION

2.7°

On target **22%** | Behind **42%** | Ahead **36%**

Control holds at slow speed and loosens as the target accelerates — the trace gets noisier and drifts further from the path. On-target / behind / ahead splits the time spent relative to the target.

METHOD

How we measure

Objective tools, scored against age norms, then re-tested to show change.

What gets measured

Movement, position sense, and control are captured objectively. Symptoms are self-reported. Nothing here rolls up into one number — each domain stands on its own and is read against people the same age.

Why re-test

A single result is a snapshot. The value is in the second one. We re-measure on the same tools, the same way, so any change is the patient's — not the method's.

Three ways forward

01 **Discharge**
Goals met. Work is done. This is a real outcome, not a loss.

02 **Maintenance**
Hold the gain. Lighter touch, checked at intervals.

03 **Performance**
Push past baseline toward a higher standard.